



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#3A  
S.30nd  
5/5/03

Art Unit 2126  
Examiner Charles E. Anya

In Re: Mario Nemirovsky et al.  
Case: P3815  
Serial No.: 09/608,750  
Filed: 06/30/2000  
Subject: Methods and Apparatus for Managing a Buffer  
of Events in the Background

**RECEIVED**

MAY 15 2003

Technology Center 2100

To: The Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Dear Sir;

**Response A**

All of the claims standing for examination are reproduced below.

05/13/2003 ZJUHA1 00000064 09608750

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18.00 OP



05-12-03

2126

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Method of Transmission: EV338073822US

CASE DOCKET NO. P3815

In reference to application of Mario Nemirovsky et al.

Serial No. 09/608,750

For Methods and Apparatus for Managing a Buffer of Events in the Background

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312

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MAY 15 2003

- ☐ No additional fee is required.  
☐ Applicant claims Small entity status under 37 CFR 1.27.  
☒ The fee has been calculated as shown below.

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**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	32	Minus	** 31	1	\$ 9	\$ 18	\$ 18.00
Indep Claims	4	Minus	*** 4	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 18.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

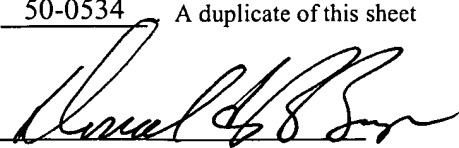
\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 18.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted, 

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